

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		6/17/94
O.P.E. CLASSIFIER		5	6-17-94
FORMALITY REVIEW	<i>N.C.M.</i>	71620	6-29-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	6/14/94
2	✓	✓	6/14/94
3	✓	✓	6/14/94
4	✓	✓	6/14/94
5	✓	✓	6/14/94
6	✓	✓	6/14/94
7	✓	✓	6/14/94
8	✓	✓	6/14/94
9	✓	✓	6/14/94
10	✓	✓	6/14/94
11	✓	✓	6/14/94
12	✓	✓	6/14/94
13	✓	✓	6/14/94
14	✓	✓	6/14/94
15	✓	✓	6/14/94
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36	✓	✓	6/14/94
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46	✓	✓	6/14/94
47	✓	✓	6/14/94
48	✓	✓	6/14/94
49	✓	✓	6/14/94
50	✓	✓	6/14/94

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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